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10/21/03

PTO/SB/21 (08-00)

Approval for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/783,320	
	Filing Date	02/15/01	
	First Named Inventor	Walke	
	Group Art Unit	1652	
	Examiner Name	D.M. Ramirez	
Total Number of Pages in This Submission	30	Attorney Docket Number	LEX-0137-USA

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	- Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	- Exhibits A - P
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Everything filed in triplicate	
	Customer # 24231	

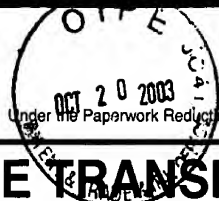
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Lexicon Genetics Incorporated
	Lance K. Ishimoto Reg. No. 41,866
Signature	<i>Lance K. Ishimoto</i> Peter G. Seferian Reg. No. 40162
Date	October 20, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail (EV 232149383 US) in an box addressed to: Commissioner for Patents, Mail Stop Appeal Brief, P.O. Box 1450, Alexandria, VA 22313 on this date:			
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Signature	<i>Nancy Stacey</i>	Date	October 20, 2003

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Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2003 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	09/783,320
		Filing Date	02/15/01
		First Named Inventor	Walke
		Examiner Name	D.M. Ramirez
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Group Art Unit	1652
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	LEX-0137-USA
(\$)		165.00	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account		Large Entity Small Entity	
Deposit Account Number: 50-0892		Fee Code Fee (\$)	
Deposit Account Name: Lexicon Genetics Incorporated		Fee Code Fee (\$)	
The Commissioner is authorized to: (check all that apply)		Fee Description	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Paid	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Code Fee (\$)	
Fee Description		Fee Description	
Fee Paid		Fee Paid	
1001 770 2001 385 Utility filing fee		1051 130 2051 65 Surcharge - late filing fee or oath	
1002 340 2002 170 Design filing fee		1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet	
1003 530 2003 265 Plant filing fee		1053 130 1053 130 Non-English specification	
1004 770 2004 385 Reissue filing fee		1812 2,520 1812 2,520 For filing a request for <i>ex parte</i> reexamination	
1005 160 2005 80 Provisional filing fee		1804 920* 1804 920* Requesting publication of SIR prior to Examiner action	
SUBTOTAL (1) (\$)		1805 1,840** 1805 1,840** Requesting publication of SIR after Examiner action	
		1251 110 2251 55 Extension for reply within first month	
		1252 420 2252 210 Extension for reply within second month	
		1253 950 2253 475 Extension for reply within third month	
		1254 1,480 2254 740 Extension for reply within fourth month	
		1255 2,010 2255 1,005 Extension for reply within fifth month	
		1401 330 2401 165 Notice of Appeal	
		1402 330 2402 165 Filing a brief in support of an appeal	
		1403 290 2403 145 Request for oral hearing	
		1451 1,510 1451 1,510 Petition to institute a public use proceeding	
		1452 110 2452 55 Petition to revive - unavoidable	
		1453 1,330 2453 665 Petition to revive - unintentional	
		1501 1,330 2501 665 Utility issue fee (or reissue)	
		1502 480 2502 240 Design issue fee	
		1503 640 2503 320 Plant issue fee	
		1460 130 1460 130 Petitions to the Commissioner	
		1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	
		1806 180 1806 180 Submission of Information Disclosure Stmt	
		8021 40 8021 40 Recording each patent assignment per property (times number of properties)	
		1809 770 2809 385 Filing a submission after final rejection (37 CFR § 1.129(a))	
		1810 770 2810 385 For each additional invention to be examined (37 CFR § 1.129(b))	
		1801 770 2801 385 Request for Continued Examination (RCE)	
		1802 900 1802 900 Request for expedited examination of a design application	
		Other fee (specify) _____	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		Subtotal (3) (\$)	
Total Claims -20**= X Fee from below =		165.00	
Independent Claims -3**= X Fee from below =			
Multiple Dependent Fee from below =			
Large Entity Small Entity			
Fee Code Fee (\$)		Fee Code Fee (\$)	
Fee Description		Fee Description	
Fee Paid		Fee Paid	
1202 18 2202 9 Claims in excess of 20			
1201 86 2201 43 Independent claims in excess of 3			
1203 290 2203 145 Multiple dependent claim, if not paid			
1204 86 2204 43 **Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)			
**or number previously paid, if greater; For Reissues, see above			
		*Reduced by Basic Filing Fee Paid	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Lance K. Ishimoto	Registration No. (Attorney/Agent)	41,866
Telephone	(281) 863-3333	Date	October 20, 2003
Signature	<i>Peter G. Seferian</i>		

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